

LETTER TO PARENTS REQUIRED IMMUNIZATIONS

TO: Parents of Children Entering Preschool

FROM: School Health Clinic

DATE: _____

SUBJECT: Immunizations

Effective March 19, 2015 Ohio Law Section 5104.014 of the Ohio Revised Code was changed and now requires that all Day Care/Preschool age children are to be immunized according to the *Recommended Immunizations for Children from Birth Through 6 Years Old* from the Advisory Committee on Immunization Practice (ACIP). In order to attend Preschool, your child is required to have received the following immunizations:

- Four (4) doses of DTaP, DTP or DT or any combination (Diphtheria, Tetanus, Pertussis).
- Three (3) doses of OPV or IPV (Polio) or any combination of OPV or IPV.
- Three (3) doses of Hepatitis B vaccine;. The second dose must be given at least 28 days after the first dose, and the third dose at least 8 weeks after the second dose and at least 16 weeks after the first dose. The last dose in the series (3rd or 4th) must not be administered before 24 weeks of age.
- One (1) dose of MMR [Measles (Rubeola), Mumps, and Rubella (German Measles)] is required. The first dose must have been received on or after the 1st birthday.
- Three (3) or Four (4) doses of Hib depending on the vaccine and the age when started. One (1) dose if given at or after 15 months of age.
- One (1) dose of Varicella (Chicken Pox) is required. The first dose must have been received on or after the first birthday.

The following Immunizations are Required beginning the 2015-16 School Year:

- Two (2) doses of Hepatitis A vaccine are required. The first dose of Hep A vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months after the first dose. Hep A vaccination may be given to any child aged 2 years and older who has not already received the Hep A vaccine separated by 6 to 16 months.
- Three (3) or Four (4) doses of Prevnar (PCV) depending on the vaccine and the age when started. One (1) dose if given after 24 months of age.
- Annual Influenza vaccine.

According to Section 3313.671, on the 15th day after school entrance it will be necessary to exclude all students from school who do not meet the above requirements. The school district or individual school administration determines if the exclusion rule will be enforced.

The State of Ohio regulations for Preschool require that all children must have an **annual** physical examination in order to attend Preschool. A copy of the child's immunization record should accompany the medical statement/physical. *The medical statement shall include a component where a parent or guardian may indicate that the parent or guardian has declined to have the child immunized or they may submit an immunization exemption form indicating which immunizations they have declined.* *

Since the school's nurse is required to check the records of all new entrants for compliance with immunization and physical examination requirements, please return it to the School Clinic by the first day of school.

If you have any questions, please contact the Clinic directly or the building principal.

*NOTE: Exceptions are provided for under the law. This can be discussed with the school's nurse.

PreKindergarten: Pre-Entrance Health Evaluation

(to be completed by PHYSICIAN and returned BEFORE the first day of school)

Student's Name _____ Birthdate _____
 Address _____ Telephone _____

Dear Doctor:

Because a student's health is an important influence on his school performance, please perform a physical exam and comment on the following. Mark remedial defects X, degree 1, 2, or 3; correction, C; negative, O.

Skin _____	Speech _____
Lymph Nodes _____	Teeth _____
Thyroid _____	Occlusion _____
Eyes _____	Tonsils _____
Ears _____	Heart _____
Nasal Passages _____	Lungs _____
Nervous System _____	Hernia _____
Orthopedic _____	Genitalia _____

Significant medical history including abnormalities discovered:

Current medications or other forms of therapy:

In your opinion does student need any special school services?

Do you have any other recommendations regarding this student?

Dates of Immunization History: (Month/Day/Year)

D.P.T. _____	MMR #1 _____ #2 _____
Booster _____	
Polio _____	Varicella Vaccine _____ Annual Influenza Vaccine _____
Booster _____	Other _____
HIB _____	Pevnar _____
Hepatitis B _____	TB Test: Type _____
Hepatitis A _____	Date _____
	Results _____

Date of Examination: _____	Dr's. Signature: _____
Height: _____	Address: _____
Weight: _____	Phone: _____

Please return this form to student's school

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To be completed by parent/guardian

Please check any of the following your child has had or may have at present:

	Yes	Medication	Disease	Year
Allergy (please name)	_____	_____	Chicken Pox	_____
Asthma	_____	_____	Measles Regular	_____
Diabetes	_____	_____	Measles German	_____
Seizure Disorder	_____	_____	Mumps	_____
Fainting Spells	_____	_____	Rheumatic Fever	_____
Heart Murmur	_____	_____	Scarlet Fever	_____

Any other problems for which medication is taken? _____

List past history of illness, injury, or hospitalization. Specify: _____

Does your child have any disability? If so, please explain: _____

Do he/s/he wear glasses: _____; have hearing loss: _____; or a speech defect _____ :

Signature: _____

Parent/Guardian

Immunization Summary for School Attendance Ohio

VACCINES	FALL 2016 IMMUNIZATIONS FOR SCHOOL ATTENDANCE
DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis	<p><u>K</u> Four (4) or more of DTaP or DT, or any combination. If all four doses were given before the 4th birthday, a fifth (5) dose is required. If the fourth dose was administered at least six months after the third dose, and on or after the 4th birthday, a fifth (5) dose is not required.*</p> <p><u>1-12</u> Four (4) or more of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.</p> <p><u>Grades 7-12</u> One (1) dose of Tdap vaccine must be administered prior to entry.**</p>
POLIO	<p><u>K-6</u> Three (3) or more doses of IPV. The FINAL dose must be administered on or after the 4th birthday regardless of the number of previous doses. If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.***</p> <p><u>Grades 7-12</u> Three (3) or more doses of IPV or OPV. If the third dose of either series was received prior to the fourth birthday, a fourth (4) dose is required; If a combination of OPV and IPV was received, four (4) doses of either vaccine are required.</p>
MMR Measles, Mumps, Rubella	<p><u>K-12</u> Two (2) doses of MMR. Dose 1 must be administered on or after the first birthday. The second dose must be administered at least 28 days after dose 1.</p>
HEP B Hepatitis B	<p><u>K-12</u> Three (3) doses of Hepatitis B. The second dose must be administered at least 28 days after the first dose. The third dose must be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the series (third or fourth dose), must not be administered before age 24 weeks.</p>
Varicella (Chickenpox)	<p><u>K-6</u> Two (2) doses of varicella vaccine must be administered prior to entry. Dose 1 must be administered on or after the first birthday. The second dose should be administered at least three (3) months after dose one (1); however, if the second dose is administered at least 28 days after first dose, it is considered valid.</p> <p><u>Grades 7-10</u> One (1) dose of varicella vaccine must be administered on or after the first birthday.</p>
MCV4 Meningococcal	<p><u>Grade 7</u> One (1) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry</p> <p><u>Grade 12</u> Two (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry****</p>

NOTES:

- Vaccine should be administered according to the most recent version of the *Recommended Immunization Schedules for Persons Aged 0 Through 18 Years* or the *Catch-up Immunization Schedule for Persons Aged 4 Months Through 18 Years Who Start Late or Who Are More Than 1 Month Behind*, as published by the Advisory Committee on Immunization Practices. Schedules are available for print or download at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Vaccine doses administered ≤ 4 days before the minimum interval or age are valid (grace period). Doses administered ≥ 5 days earlier than the minimum interval or age are not valid doses and should be repeated as age-appropriate. If MMR and Varicella are not given on the same day, the doses must be separated by at least 28 days with no grace period.
- For additional information please refer to the Ohio Revised Code 3313.67 and 3313.671 for School Attendance and the ODH Director's Journal Entry (available at www.odh.ohio.gov, Immunization: Required Vaccines for Childcare and School). These documents list required and recommended immunizations and indicate exemptions to immunizations.
- Please contact the Ohio Department of Health Immunization Program at (800) 282-0546 or (614) 466-4643 with questions or concerns.

*Recommended DTaP or DT minimum intervals for kindergarten students four (4) weeks between doses 1-2 and 2-3; six (6) month minimum intervals between doses 3-4 and 4-5. If a fifth dose is administered prior to the 4th birthday, a sixth dose is recommended but not required.

** Pupils who received one dose of Tdap as part of the initial series are not required to receive another dose. For students in 12th grade, one dose of Td (Tetanus and diphtheria) is acceptable. Tdap can be given regardless of the interval since the last Tetanus or diphtheria- toxoid containing vaccine. DTaP given to patients age 7 or older can be counted as valid for the one-time Tdap dose.

*** The final polio dose in the IPV series must be administered at age 4 or older with at least six months between the final and previous dose.

**** Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only 1 dose is required. Currently there are no school entry requirements for meningococcal B vaccine.

**Take this to your physician
SCHOOL ENTRANCE MEDICAL RECORD**

Name of Child _____ School _____

Address _____ Birthdate _____

Month/Day/Year

City/State/Zip _____

EXAMINATION - Date _____

BP _____ Height _____ Weight _____

Eyes _____ Vision: R. 20/ _____ L. 20/ _____

Ears _____ Hearing Test: Type _____ R _____ L _____

Nose _____ Throat _____ Mouth _____

Teeth _____ Is dental work indicated? Yes No If so, are plans being made? Yes No

Posture _____ General Condition _____

Skin _____ Orthopedic _____

Neck _____ Nervous System _____

Heart _____ Lungs _____

Abdomen _____ Hernia _____

Genitalia _____ Urinalysis _____

Allergies _____

Remarks/Recommendations: _____

Type **IMMUNIZATIONS** - Month/Day/Year (shaded areas required for school entry)

MMR					
POLIO - 4th dose required if 3rd dose given before age 4					
Hepatitis B					
DTaP, DPT, or DT - 5th dose required if 4th dose given before age 4					
DT/Td					
Varicella					
HIB					
Tuberculin Test					
Rotavirus					
Other					

(continued on reverse side)

If this child has any allergies, physical, developmental or behavioral problems, how can the school assist with special programs, placement, or attention?

PHYSICIAN'S ASSESSMENT

Problem list

Recommendations for school management

Problem list	Recommendations for school management
1.	1.
2.	2.
3.	3.

PLEASE PRINT OR STAMP

Physician's Name _____
Address _____
Telephone _____

Physician's Signature _____
City/State/Zip _____
Date Signed _____

Letter to 6th Grade Parents/Guardians
Tdap Booster & Meningococcal Vaccine

TO: Parents/Guardians

FROM: School Health Clinic

DATE: _____

SUBJECT: Tdap Booster & Meningococcal Vaccine

Dear Parents/Guardians,

Beginning with the 2016-2017 school year, the Ohio Department of Health School Immunization Requirements have been revised to include one dose of Meningococcal (MCV4) vaccine to be administered before a student enters the seventh grade. Therefore, your current sixth grader will need to show proof of having received the Meningococcal (MCV4) vaccine before they can return to school in the fall.

Your child also requires a dose of Tdap to be administered before a student enters the seventh grade. This dose is intended to be administered as a booster dose for students who have completed the required doses of the initial series of DTaP/DT/Td. Therefore, your current sixth grader will need to show proof of having received this booster dose before they can return to school in the fall.

If your child received one dose of Tdap as part of the original series, another dose of Tdap will not be required. The Tdap can be given regardless of the interval since the last tetanus or diphtheria-toxoid containing vaccine.

You are receiving this letter now to provide you with ample time to have your child immunized before the coming school year begins. Please contact your physician or health department to schedule an appointment.

Please provide the date that your child received the vaccines.

(Name)

received the Meningococcal (MCV4) vaccine on _____
(Date)

received the Tdap vaccine on _____
(Date)

Signature